Effective 04/05

INTERCONNECTION NOTIFICATION

PURSUANT TO COMMISSION REGULATION 20 VAC 5-315-30, APPLICANT HEREBY GIVES NOTICE OF INTENT TO OPERATE A GENERATING FACILITY.

Section 1. Applicant Information

Name	
Mail Address	
City	State Zip Code
Facility Location (if different from above)	
Daytime Phone Number(s)	
Distribution Utility	Account Number
Energy Service Provider (ESP)	Account Number
(if different than electric distribution company)	
Proposed Interconnection Date	
Section 2. Generating Facility Information	
Fuel (check one) Solar Wind	Hydro
Generator Manufacturer, Model	
Power Rating in Kilowatts: AC	DC
Inverter Manufacturer, Model	
Battery Backup? (circle one) Yes No	
Section 3. Information for Renewable Fuel Generat 25 Kilowatts	ors with an Alternating Current Capacity in Excess o
Generator Type (circle one) Inverter Induction	Synchronous
Frequency Hz, Number of phases (circle of	one) One Three
Capacity: DC power, AC apparent power	, AC real power,
power factor%, AC voltage	, AC amperage
Facility schematic and equipment layout must be attack	hed to this form.

A prospective net metering customer considering installing a renewable fuel generator with a capacity in excess of 25 kilowatts is strongly encouraged to contact the electric distribution company prior to making financial commitments to the project.

Section 4. Vendor Certification			
The system hardware is listed by Underv	vriters Laboratories to b	be in compliance with UL 1741.	
Signed (Vendor)		Date	
Name (printed)		Phone Number	
Company		<u></u>	
Section 5. Electrician Certification			
The system has been installed in accorda provisions of the National Electrical Cod		arer's specifications as well as all applicable	
Signed (Licensed Electrician)		Date	
Name (printed)			
License Number	Phone	Phone Number	
Mail Address			
City	State	Zip Code	
Utility signature signifies only receipt of regulations, Regulation 20 VAC 5-315-3	-	ce with the Commission's net energy metering	
Signed (Utility Representative)		Date	
I hereby certify that, to the best of my and correct.	knowledge, all of the	information provided in this Notice is true	

Signature of Applicant ______ Date _____